

# Senate Amendment 5168

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1 1 Amend House File 2489, as passed by the House, as  
1 2 follows:  
1 3 #1. Page 20, by inserting after line 25 the  
1 4 following:  
1 5 \_\_\_\_\_. NEW SECTION. 514C.21 MANDATED  
1 6 COVERAGE FOR MENTAL HEALTH CONDITIONS.  
1 7 1. For purposes of this section, unless the  
1 8 context otherwise requires:  
1 9 a. "Mental health condition" means a condition or  
1 10 disorder involving mental illness or alcohol or  
1 11 substance abuse that falls under any of the diagnostic  
1 12 categories listed in the mental disorders section of  
1 13 the international classification of disease, as  
1 14 periodically revised.  
1 15 b. "Rates, terms, and conditions" means any  
1 16 lifetime payment limits, deductibles, copayments,  
1 17 coinsurance, and any other cost-sharing requirements,  
1 18 out-of-pocket limits, visit limitations, and any other  
1 19 financial component of benefits coverage that affects  
1 20 the covered individual.  
1 21 2. a. Notwithstanding section 514C.6, a policy or  
1 22 contract providing for third-party payment or  
1 23 prepayment of health or medical expenses shall provide  
1 24 coverage benefits for mental health conditions based  
1 25 on rates, terms, and conditions which are no more  
1 26 restrictive than the rates, terms, and conditions for  
1 27 coverage benefits provided for other health or medical  
1 28 conditions under the policy or contract.  
1 29 Additionally, any rates, terms, and conditions  
1 30 involving deductibles, copayments, coinsurance, and  
1 31 any other cost-sharing requirements shall be  
1 32 cumulative for coverage of both mental health  
1 33 conditions and other health or medical conditions  
1 34 under the policy or contract.  
1 35 b. Coverage required under this subsection shall  
1 36 be as follows:  
1 37 (1) For the treatment of mental illness, coverage  
1 38 shall be for services provided by a licensed mental  
1 39 health professional, or services provided in a  
1 40 licensed hospital or health facility.  
1 41 (2) For the treatment of alcohol or substance  
1 42 abuse, coverage shall be for services provided by a  
1 43 substance abuse counselor, as approved by the  
1 44 department of human services, a licensed health  
1 45 facility providing a program for the treatment of  
1 46 alcohol or substance abuse approved by the department  
1 47 of human services, or a substance abuse treatment and  
1 48 rehabilitation facility, as licensed by the department  
1 49 of public health pursuant to chapter 125.  
1 50 3. This section applies to the following classes  
2 1 of third-party payment provider contracts or policies  
2 2 delivered, issued for delivery, continued, or renewed  
2 3 in this state on or after January 1, 2005:  
2 4 a. Individual or group accident and sickness  
2 5 insurance providing coverage on an expense-incurred  
2 6 basis.  
2 7 b. An individual or group hospital or medical  
2 8 service contract issued pursuant to chapter 509, 514,  
2 9 or 514A.  
2 10 c. A plan established pursuant to chapter 509A for  
2 11 public employees.  
2 12 d. An individual or group health maintenance  
2 13 organization contract regulated under chapter 514B.  
2 14 e. An individual or group Medicare supplemental  
2 15 policy, unless coverage pursuant to such policy is  
2 16 preempted by federal law.  
2 17 f. Any other entity engaged in the business of  
2 18 insurance, risk transfer, or risk retention, which is  
2 19 subject to the jurisdiction of the commissioner.  
2 20 g. An organized delivery system licensed by the  
2 21 director of public health.  
2 22 4. This section shall not apply to employers  
2 23 actively engaged in business who, on at least fifty  
2 24 percent of the employer's working days during the

2 25 preceding year, employed twenty-five or fewer full=  
2 26 time eligible employees. In determining the number of  
2 27 eligible employees, companies that are affiliated  
2 28 companies or that are eligible to file a combined tax  
2 29 return for purposes of state taxation are considered  
2 30 one employer.

2 31 5. The commissioner shall adopt rules to  
2 32 administer this section after consultation with the  
2 33 mental health insurance advisory committee.

2 34 a. The commissioner shall appoint members to a  
2 35 mental health insurance advisory committee. Members  
2 36 shall include all sectors of society impacted by  
2 37 issues associated with coverage of mental health  
2 38 treatment by third-party payors including, but not  
2 39 limited to, representatives of the insurance industry,  
2 40 small and large employers, employee representatives  
2 41 including labor, individual consumers, health care  
2 42 providers, and other groups and individuals that may  
2 43 be identified by the insurance division of the  
2 44 department of commerce.

2 45 b. The committee shall meet upon the request of  
2 46 the commissioner to review rules proposed under this  
2 47 section by the commissioner, and to make suggestions  
2 48 as appropriate.>

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3 2 MATT McCOY  
3 3 HF 2489.502 80  
3 4 av/pj